Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20220	0163				ort ed B		CAN	DII	DATE	√	CC	MMITTEE		LOBE	BYIST		
Name of Filing C	ommittee, Ca	andida	te or Lo	obbyist:		DAV	′ID J	. WH	ITE										
Street Address:																			
City:						State:				1				Zip Code: 19018					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1. X	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		P	OST-	3.		AMENDME REPORT?	ENT	Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDA ELECTION	Y PRE	≣- !	5.	30 DA ELECT		Р	OST-	6.		TERMINAT REPORT?	TION	Yes	No	'	\
report type)	ANNUAL REP	PORT	7.	Year 2022					IG ME					PAPER		/	DISKE	TTE	
Name of Office S	ought by Can	ndidato	 e:						DATE	0	F ELE	CTIO	1	District Number	Cour				
									МО		DAY	YE	\R	-1	GOV	REP		Jour	
GOVERNOR										11		8	2022		(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of		nd	МО	DAY	YEAR	2			МО		DAY	YE	AR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	022	T	0		3	2	28	2022						
A. Amount Bro	ught Forward	l From	Last Re	eport				\$					0.00						
B. Total Moneta	ary Contribut	ions A	nd Rece	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 1,000,000.00																			
E. Ending Cash Balance (Subtract Line D From Line C) \$ 0.00																			
F. Value Of In-	Kind Contribu	utions	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obliga	tions (From S	chedule IV	/)			\$					0.00			•			
					AFF	IDA	١٧٧	ΓSE	CTIO	N									
PART I - If this is	a Committee	e repo	rt, trea	surer sign	here.	If thi	is is	a Can	didate	re	port, c	andid	ate sig	gn here.					
I swear (or affirm) correct and comple		rt, inclu	ding the	attached sc	hedule	s filed	d on I	paper (or by el	ectr	onic me	edium,	are to t	the best of	my knov	vledge	and beli	ef , tr	ue
Sworn to and subs	cribed before m	ne this		20						•		Si	gnature	of Person	Submit	ing Rep	ort		_
	- — —	ignature						• •		•				Printe	ed Name	1			
My Commission Ex		gnature	-							-				Email					-
	МО		DA	λΥ	YR					•	Are	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	idate's	authorized	Comn	nitte	e, Ca	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	y knowle	edge and beli	ief this	polit	ical	commi	ittee ha	s no	ot violat	ted any	provis	ions of the	act of J	ıne 3,19	937 (P.L	. 133	з,
Sworn to and subsc		e this											s	ignature of	Candida	ate			-
	day of —— ——							-						Printed	l Name				-
	Signa	ature						-		-									_
My Commission Exp	ires													Email					
	M	0	DA	ΑΥ	YR	l		•			Area	Code		Day	ytime T	elephon	e Numb	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary 1 age				
Name of Filing Committee or Candidate	Reporting	Period		
DAVID J. WHITE	From:	1/1/202	<u>2</u> To:	3/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Period			
		F	rom:		То	:	
		'		DATE			AMOUNT
Full Name of Contributing Com	mittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Comm	nittee or Candidate	Re	eporting F	eriod			
		Fr	rom:		To):	
				DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
				•	•		PAGE TOTAL

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Ca	Reporting Period								
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00	
Mailing Address							*	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C o	n Schedule I, Detailed	d Summary Pa	age, Sectio	n 3.			\$	0.00	

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
From:						Т	o:	
				D/	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							7	0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee	or Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
DAVID J. WHITE	From:	<u>1/1/2022</u> To:	3/28/2022					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)							
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (3)	\$	0.00					
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period							
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting	Period			
Fr					m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

1,000,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
DAVID J. WHITE			From	<u>1/:</u>	1/2022	То:	<u>3/28/2022</u>		
		<u>'</u>		DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
FRIENDS OF DAVE WHITE			1-10		,				
Mailing Address			3	7	2022	\$	1,000,000.00		
City MEDIA	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
PA 19063				O CAMPAI	GN				
							PAGE TOTAL		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.